TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))						Docket No. 17517	
In Re Application Of: Manabu Fujita et al.							
Application No.			Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/792,237			March 3, 2004	Philip Robert Smith	23389	3739	4668
Title: CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION							
Address tv.  Commissioner for Patents P.O. Box 1450  Alexandria, VA 22313-1450							
37 CFR 1.97(b)							
1. ∑	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.						
37 CFR 1.97(c)							
2.	☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:						
☐ the statement specified in 37 CFR 1.97(e);							
OR							
		☐ the f	ee set forth in 3 <b>7</b> CF	₹ 1.17(p).			

## TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(b) or 1.97(c)) 17517 In Re Application of: Manabu Fujita et al. Customer No. Group Art Unit | Confirmation No. Application No. Filing Date Examiner 10/792,237 March 3, 2004 Philip Robert Smith 23389 3739 4668 Title: CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) A check in the amount of is attached. The Director is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. Charge the amount of Credit any overpayment. Charge any additional fee required. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Transmission by Facsimile\* Certificate of Mailing by First Class Mail stify that this document and authorization to charge da Reby certify that this correspondence is being depo being facsimile transmitted to the Un with the United States Postal Service with sufficient account Patent and Trademark Office (Fa as first class mail in an envelope "Commissioner for extents, P.O. Box 145", essed lexandria, VA 22313-1450" [37 CFR 1.50] (Date) (Date) Signature Typed or Printed Name of Person Signing Certifican Typed or Printed Name of Person Mailing Certificate \*This certificate may only be used if paying by deposit account. /Thomas Sninelli/ Dated: December 30, 2009 Signature Thomas Spinelli Reg. No. 39,533 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530

(516) 742-4343 TS:av